

F A C S I M I L E

TO: COMMISSIONER OF PATENTS &amp; TRADEMARKS FROM: PVTT INCORPORATED.

Name: SHERRY ESTREMSKY

Name:

A. J. Lemanski

Fax #: 703-305-3597

Fax #:

(203) 929-1505

Pages: 4 (INCLUDING THIS PAGE)

Date/Time:

12/31/2002

PHONE:

(203) 929-7743

OR  
(203) 925-9522

MESSAGE:

REGARDING APPLICATION No 10/079,801

FILING DATE: 02/19/2002

AND

REVOCAION OF POWER OF ATTORNEY'S

PERMAN &amp; GREEN, LLP. (MAILED TO PTO 06/26/02)

ALSO REGARDING: "FEE ADDRESS" INDICATION FORM, (MAILED 06/26/02)

PATENT No.: 6,348,021, SERIAL No. 09/736,869

PATENT DATE: 02/19/02, U.S FILING DATE 12/14/00

PLEASE PROCESS THE ABOVE TWO DOCUMENTS  
(COPIES ATTACHED) THAT I MAILED ON JUNE 26, 2002  
TO THE COMMISSIONER OF PATENTS & TRADEMARKS. I RECEIVED  
RECEIPTS FOR THE TWO SUBJECT DOCUMENTS (COPIES ATTACHED)  
IN JULY 2002. TO DATE, NO APPARENT ACTION HAS BEEN  
TAKEN.

Sincerely,

Alphonse J. Lemanski

Alphonse J. Lemanski  
1 Kimberly Dr  
Huntington, CT 06484-5774


OFFICIAL

FAX RECEIVED

JAN 02 2003

GROUP 3600

copy

Please type a plus sign (+) inside this box → 

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	10/079,801
Filing Date	02/19/2002
First Named Inventor	ALPHONSE J. LEMANSKI
Group Art Unit	3681
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	

→ SHERRY ESTREMSKY

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:☐ Customer NumberPlace Customer  
Number Bar Code  
Label here

OR

<input checked="" type="checkbox"/> Individual Name	ALPHONSE J. LEMANSKI		
Address	1 KIMBERLY DRIVE		
Address			
City	HUNTINGTON		
Country	UNITED STATES OF AMERICA	State	CT ZIP 06484
Telephone	(203) 929-7743	Fax	(203) 929-1505

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	ALPHONSE J. LEMANSKI
Signature	<i>Alphonse J. Lemanski</i>
Date	JUNE 26, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

OFFICIAL

FAX RECEIVED

JAN 02 2003

GROUP 3600

## "FEE ADDRESS" INDICATION FORM

Address to:  
Commissioner of Patents and Trademarks  
Box M. Fee  
Washington, D.C. 20231

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

ALPHONSE J. LEMANSKI  
1 KIMBERLY DRIVE  
HUNTINGTON, CT 06484  
UNITED STATES OF AMERICA

Payor No.: \_\_\_\_\_ Payor's Telephone Number: 203-929-7743  
FAX NUMBER: 203-929-1505

in the following listed application(s) or patent(s) for which the Issue Fee has been paid:

PATENT NUMBER (if known)	SERIAL NUMBER	PATENT DATE (if known)	U.S. FILING DATE
6,348,021	09/736,869	02/19/02	12/14/00
PRIMARY EXAMINER: SHERRY ESTREMSKY			

Typed name of person signing:

ALPHONSE J. LEMANSKI

Signed:

Alphonse J. Lemanski

(check one)



Owner of record



Owner's attorney or agent of record

(Reg. No.)



Assignee's recorded Reel \_\_\_\_\_ Frame \_\_\_\_\_

Address of signer:

1 KIMBERLY DRIVE  
HUNTINGTON, CT 06484  
UNITED STATES OF AMERICA

DATE: JUNE 26, 2002

COPY

## RECEIPT OF TRANSMITTED DOCUMENTS

PATENT OFFICE MAIL ROOM: PLEASE PLACE  
THE MAIL ROOM DATE STAMP ON THIS CARD TO  
INDICATE RECEIPT BY THE U.S. PTO OF THE  
PAPER(S) IDENTIFIED BELOW & RETURN CARD TO SENDER.

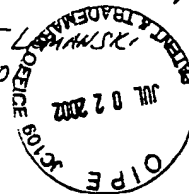
## 1- REVOCATION OF POWER OF ATTORNEY

APPLICANT/INVENTOR: ALPHONSE J. LEMANSKI

APPLICATION NUMBER: 10/079,801

FILING DATE: 02/19/2002

GROUP ART UNIT: 3681



## RECEIPT OF TRANSMITTED DOCUMENTS

PATENT OFFICE MAIL ROOM: PLEASE PLACE  
THE MAIL ROOM DATE STAMP ON THIS CARD TO  
INDICATE RECEIPT BY THE U.S. PTO OF THE  
PAPER(S) IDENTIFIED BELOW & RETURN CARD TO SENDER.

## 1- "FEE ADDRESS" INDICATION FORM

APPLICANT: ALPHONSE J. LEMANSKI

APPLICATION S.N. 09/736,869 FILED: 12/14/00

PATENT NUMBER: 6,348,021